ARIZONA STATE BOARD OF HEALTH cach State File No. BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH Registered No ö STANDARD CERTIFICATE OF BIRTH each, and the number PERMANENT RECORD (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make 2. Full name of child. supplemental report, as directed. 4. Twin, triplet or other. 6. Legitimate? To be answered ONLY 7. Date in event of plural of birth 5. No., in order of birth. births. must be made FATHER MOTHE 14. Full name Full maiden name 15 Residence 9. Residence (Usual place of abode) (Usual place of abode If non-resident, give place and state. If non-resident, give place and state, 16 Color or race 10. Color or race 11. Age at last birthday...S 17. Age at last birthday 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of industry Nature of Industry Were precautions taken 20. Number of children of this mother. scainst oph-(a) Born alive and now living thalmia neonatorum (b) Born slive but now dead. (Taken as of time of birth of child herein certified and including this child.) (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE on the date above stated I hereby certify that I attended the birth of this child, who was \*When there was no attending physician or midwife, then the father, householder, Signature 12 etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife). Given name added from a supplemental report. Month, day, year Registrar Registrar

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